


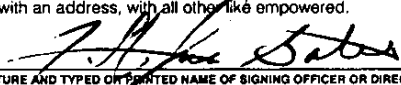
**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90866 013 \*\*\*\*61.25

00046164



<b>DOCUMENT # 712632</b>					
1. Entity Name BANYAN HOUSE CONDOMINIUM, INC.					
Principal Place of Business 1225 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483			Mailing Address 1225 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03292007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1210541				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BATES, F. STEPHEN 1225 SO. OCEAN BLVD DELRAY BCH, FL 33483			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, M		NAME		
STREET ADDRESS	1225 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GLEN		NAME	SANDRA TALBOTT	
STREET ADDRESS	1225 S OCEAN BLVD		STREET ADDRESS	1225 South Ocean Blvd	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLE, WILLIAM		NAME	RALPH BENNETT	
STREET ADDRESS	1225 S. OCEAN BLVD., #901		STREET ADDRESS	1225 South Ocean Blvd	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, DR. CHARLES		NAME		
STREET ADDRESS	1225 S OCEAN BLVD #1005		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, STEPHEN		NAME		
STREET ADDRESS	1225 S OCEAN BLVD #205		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, JAMES		NAME		
STREET ADDRESS	1225 SOUTH OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4-27-07 561-278-4551		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		